

# Wisconsin Department of Regulation & Licensing

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## BOND OF PRIVATE DETECTIVE OR PRIVATE DETECTIVE AGENCY Subchapter II, Chapter 440, Stats.

POLICY NUMBER \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS

That \_\_\_\_\_  
(Name of Individual or Entity Checked at the Right)

☐ an individual  
☐ a partnership  
☐ a corporation  
☐ a limited liability company

doing business as \_\_\_\_\_  
(Trade Name of Individual or Agency, If Applicable)

at \_\_\_\_\_, as PRINCIPAL, and  
(Address of Private Detective Agency)

\_\_\_\_\_ of  
(Name of Surety)

\_\_\_\_\_, as SURETY,  
(Address of Surety)

a corporation duly authorized to do business in the State of Wisconsin, are held and firmly bound until the Obligees of the bond to make payment of the sum of \$ \_\_\_\_\_. We, the PRINCIPAL and the SURETY, bind ourselves, firmly by this bond, provided that no obligation hereunder shall require payment more than once for the same loss or damage.

The Condition of the Obligation is such that the PRINCIPAL has applied for issuance or renewal of licensure to do business as a private detective or private detective agency pursuant to sec. 440.26, Wisconsin Statutes, and applicable sections of the Wisconsin Administrative Code, and, if neither the PRINCIPAL nor any of its employees, agents, or representatives by whatever name they might be known shall cause any damage or loss to any person by reason of violation of the statutes or administrative code governing the conduct of a private detective or private detective agency during the term of this bond, then this Obligation is void, but otherwise of full force and effect for the benefit of the State of Wisconsin and any other person who shall suffer loss or damage within the Condition of this Obligation.

The **term of this bond** shall be from the date of its signing by PRINCIPAL and SURETY to \_\_\_\_\_, unless renewed by a Continuation Certificate or terminated earlier upon 60 days written notice to the Secretary of the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Witness) By: \_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Surety)